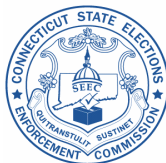


SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised January 2014



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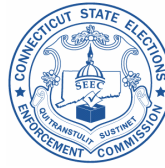
REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)	2. OFFICE OR POSITION SOUGHT	3. DISTRICT NUMBER (If applicable)
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Nov 2014	State Representative	124
4. PARTY AFFILIATION			
Republican <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Other (Specify) _____			
5. CANDIDATE NAME			
First Name Andre	MI	Last Name Baker	Suffix
6. CANDIDATE RESIDENCE ADDRESS		7. CANDIDATE MAILING ADDRESS (If different)	
Street Address 985 Stratford Ave		Address	
City Bridgeport	State CT	Zip Code 06607	City State Zip Code
8. CANDIDATE TELEPHONE		9. CANDIDATE EMAIL ADDRESS	
(Include Area Code) 203 334 3876		abaker@snet.net	
10. DESIGNATION OF CAMPAIGN FUNDING SOURCE			
(Check one)			
<input checked="" type="checkbox"/> A. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement. Go to Form 1A and complete pages 2 and 3 — <i>Candidate Registration Statement.</i>			
B. I am exempt from forming a candidate committee and I am filing a Certification of Exemption from Forming a Candidate Committee. Go to Form 1B and complete page 4 — <i>Certification of Exemption from Forming a Candidate Committee.</i>			
Important Notice: Failure of a candidate to complete this page together with either Form 1A, "Registration of Candidate Committee," or Form 1B "Exemption from Forming a Candidate Committee," within 10 days of becoming a candidate will subject the candidate to a mandatory \$100 late filing fee. See Section 9-623(b), Connecticut General Statutes.			
Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.			

SEEC FORM 1A

STATE ELECTIONS ENFORCEMENT COMMISSION

Candidate Committee Registration Statement

Revised January 2014



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REGISTRATION TYPE		CANDIDATE NAME			
<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	Andre Baker			
11. COMMITTEE NAME					
Andre Baker For State Representative					
12. COMMITTEE ADDRESS			13. & 14. COMMITTEE EMAIL ADDRESS & WEBSITE		
Address 985 Stratford Ave			Email Address		
City Bridgeport	State CT	Zip Code 06607	Website		
15. TREASURER NAME					
First Name Robyn		MI	Last Name Melvin-Waller		Suffix
16. TREASURER RESIDENCE ADDRESS			17. TREASURER MAILING ADDRESS (If different)		
Street Address 2019 Old Town Rd			Address		
City Bridgeport	State CT	Zip Code 06606	City	State	Zip Code
18. TREASURER TELEPHONE		19. TREASURER EMAIL ADDRESS			
(Include Area Code) 203 382 3629		rmelvinwaller@gmail.com			
20. DEPUTY TREASURER NAME					
First Name Maria		MI	Last Name Valentin		Suffix
21. DEPUTY TREASURER RESIDENCE ADDRESS			22. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address 35 Hanover St			Address		
City Bridgeport	State CT	Zip Code 06604	City	State	Zip Code
23. DEPUTY TREASURER TELEPHONE		24. DEPUTY TREASURER EMAIL ADDRESS			
(Include Area Code) 203 726 5666		valentinmaria@yahoo.com			
25. DEPOSITORY INSTITUTION NAME					
Bank of America					
26. DEPOSITORY INSTITUTION ADDRESS					
Address 10 Middle Street, Bridgeport, CT 06606					

REGISTRATION TYPE	CANDIDATE NAME
<input checked="checked" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Andre Baker

27. CERTIFICATION

Candidate

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this candidate committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as my treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.

Andre Baker
06/11/2014

CANDIDATE SIGNATURE
DATE (mm/dd/yyyy)

Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated treasurer of this candidate committee. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

I certify that I am not otherwise barred from serving as a treasurer by order of the State Elections Enforcement Commission.

Robyn Melvin-Waller
06/19/2014

TREASURER SIGNATURE
DATE (mm/dd/yyyy)

Deputy Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated deputy treasurer of this candidate committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible for discharging all of the duties required of the vacating treasurer. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission.

Maria Valentin
06/19/2014

DEPUTY TREASURER SIGNATURE
DATE (mm/dd/yyyy)

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STATE ELECTIONS ENFORCEMENT COMMISSION
Certification of Exemption From Forming a
Candidate Committee